

**PROFORMA SEEKING RECTIFICATION OF CONTRIBUTION REMITTED UNDER A WRONG
INSURANCE NUMBER**

PART – A

(TO BE FILLED BY THE APPLICANT EMPLOYER)

Request From :

Employer Name :

Code No. :

1 Original Number allotted to the Employee :
(Based on Manual Declaration Form or TIC)

1A Name of Employee & Contact Number :

2 Wrong Number under which contribution has been /is :
being remitted wrongly

3 From which month the wrong remittance had started :

4 Until which month it has been remitted (Please attach :
month wise wage / contribution details)

5 Whether Pehchan Card obtained :

6 If yes, under which insurance number :
(Please attach copy of Pehchan card & TIC/PIC)

We request to kindly transfer the contribution wrongly remitted by us back to correct Insurance Number as given in serial no. 1 above.

We also herewith enclose the following under the Company Letter Head & Seal.

- a) Month wise statement as given in point nos. 3 & 4
- b) Written statement assuring that such mistakes would not be repeated in future.

Date :

Name of the Employer :

Designation & Seal:

PART – B

ESI BRANCH MANAGER'S REPORT ON APPLICANT'S INSURANCE NUMBER

1. Employee's Original Insurance Number (10 digit)
2. Employee's wrong Insurance Number (10 digit)
3. Whether both the numbers belong to the same Employer YES / NO
4. Employer code of both the insurance numbers are same YES / NO
5. Whether name of the IP, under both the numbers/TICS are same? YES / NO
6. Whether the data under the fields other than the "name" in the TIC are also same? YES / NO
7. Whether the correctness of wage particulars has been confirmed with the wage records of the applicant?
(Enclose details)

PART – C

(TO BE FILLED BY THE ESI BRANCH MANAGER)

Recommendation of the ESI Branch Manager

The application has been verified with the records as well as with the other Employer and found correct. Hence Regional Office (RO) may transfer the contributions as detailed below.

Field	From	To
Insurance Number		
For the month		

Remarks

(Signature of the ESI Branch Manager) / Seal

ENCLOSURES FROM APPLICANT

- 1 Assurance Letter from Employer stating such mistakes would not be repeated again in future.
- 2 Employer's Letter in company Letter pad seeking condonation for wrongly remitting the contribution signed by authorized signatory with name/designation/phone;(optional).

ENCLOSURES FROM ESI BRANCH MANAGER

- 1 Copy of the Manual Declaration Form (DF)
- 2 Month-wise salary statement signed by the applicant employer; to be verified and also countersigned by Branch Manager with remarks "verified and found correct".

NOTES & REQUIREMENTS

- 1 Part A to be filled by the Applicant – Pertains to details by the applicant.
- 2 Part B to be filled by the ESI Branch Manager – Verification of details submitted by the applicant with the wage records of the applicant.
- 3 Part C is the recommendation of the ESI Branch Manager regarding the transfer.
- 4 Both IP/Employee names should be the same.
- 5 Online contribution periods on wrongly remitted new ESI No. from beginning to end.
- 6 Both IP/ESI No's (Old & New) should be active or live under same employer code's Online list of employees wherein employer remitted contribution.
- 7 Concerned ESI Region's FORM CR-1 only is approved for transfer contribution.